

# Nebraska State Probation—Post Release Supervision Plan (PRSP - DCS)

Client Name:

Date of Birth:

PRSP Created By:

PRSP Creation Date:

## Demographics:

Incarceration Start Date:

Incarceration Location:

Anticipated Release Date:

Inmate Classification:

Inmate Id Number:

Soc. Security Number:

Post-Release Supervision Term:

Convicted Offense:

Gender:

Race:

Veteran:

Eligible for VA Benefits:

Married:

Number of Dependents:

Spouses Name/DOB:

Requested Home Address:

Requested Court District:

Anticipated Employer:

Anticipated Employer Contact:

\*Individuals Residing with:

## Assessment Data:

### Probation Assessments

LS/CMI Score:

LS/CMI Date:

Risk Level:

CH:            EE:            FM:

CO:            LR:            PA:

ADP:           AP:

### DOC Assessments

Strong-R Score:

Strong-R Date:

## Responsivity Needs:

Yes / No

Medical ☐ ☐

Financial Obligations: ☐ ☐

Language Needs: ☐ ☐

Transportation: ☐ ☐

Education: ☐ ☐

Housing: ☐ ☐

Employment: ☐ ☐

Substance Use: ☐ ☐

Mental Health: ☐ ☐

## Nebraska State Probation—Post Release Supervision Plan (PRSP)

A

Client Name:

PRSP Creation Date:

### STRENGTHS

- 1.
- 2.
- 3.

### BARRIERS

- 1.
- 2.
- 3.

### CURRENT STATUS NARRATIVE

B

### INSTITUTIONAL PROGRAMMING HISTORY

Programs:

Status of Program:

End Date:

# Nebraska State Probation—Post Release Supervision Plan (PRSP)

Client Name:

PRSP Creation Date:

C

## COMMUNITY NEEDS & SERVICES ASSESSMENT

**Housing:**

**Employment:**

**Medication:**

**Child Support:**

**Substance Abuse:**

**Financial Needs:**

**Language Needs:**

**Family Support:**

**Social Security / Disability:**

**Positive Supports:**

**Victim Status:**

**Transportation:**

**Treatment Needs:**

**Mental Health Needs:**

**Education Needs:**